UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

MR. BOGUSLAW MATLAK	FILED
IN, NOVOLINO / HIVAIN	MAR 21 2012
	THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT
(Enter above the full name of the plaintiff or plaintiffs in this action)	
SUPT. T. CORRIE	12 C 1708 Judge Sharon Johnson Coleman Magistrate Judge Sidney I. Schenkier
C/O GRAY 4056 LT. GERMANY, A. 177	
HINES PARAMEDIC 1ST SHIFT C/O ANDERSON /ST SHIFT	
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	
	R THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 y, or municipal defendants)
	R THE CONSTITUTION ("BIVENS" ACTION), TITLE S. Code (federal defendants)
OTHER (cite statute, i	f known)
	MPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR

1.	Pla	aintiff(s):
	. A.	Name: BOGUSLAW SLAVOMIR MATIAK
	B.	List all aliases: N/A
	C.	Prisoner identification number: CCDC 1D. # 20100924110
	D.	Place of present confinement: COOK COUNTY JOIL
	E.	Address: 26 00 S. CALIFORNIA AVE, CHICAGO, IL. 60608
		here is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ber, place of confinement, and current address according to the above format on a rate sheet of paper.)
п.	Defe	endant(s):
		below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.) Defendant: T. CORRIE
		Title: SUPERINTENDEND
		Place of Employment: COOK COUNTY JAIL
	B.	Defendant: A. GERMANY, 177
		Title: $\angle T$.
		Place of Employment: COOK COUNTY JAIL
	C.	Defendant: GRAY, 40.56
		Title: CORRECTIONAL OFFICER
VE.		Place of Employment: COOK COUNTY SAIL
	(If you accord	have more than three defendants, then all additional defendants must be listed

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I.	Plain	Plaintiff(s):						
	A.	Name: BOGUSLAW MATLAK						
	B.	List all aliases: N/A						
	C.	Prisoner identification number: CCDC ID, # 20100924110						
	D.	Place of present confinement: COOK COUNTY JAIL						
	E.	Address: 2600 S. CALIEDRNIA AVE, CHICAGO, 12.60608						
	num	(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on separate sheet of paper.)						
П.	(In A	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C.)						
	A.	Defendant: HINES, 1ST SHIFT						
		Title: PARAMEINC CERMAN HEALTH SERVICES						
		Place of Employment: COOK COUNTY JAK						
	В.	Defendant: ANDERSON						
		Title: CORRECTIONAL OFFICER						
		Place of Employment: LOOK COUNTY JAIL						
	C.	Defendant:						
		Title:						
		Place of Employment:						
	(If y	ou have more than three defendants, then all additional defendants must be listed						

according to the above format on a separate sheet of paper.)

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON DECEMBER 2. 2010 DURING AN ATTACK CARRIED OUT BY MY DIVISION 6 CELL MATE, MY LEG WAS SEVERELY FRACTURED. FOLLOWING THE INCIDENT, AFTER A GREAT DEAL OF PLEADING, I WAS FINALLY CARRIED TO THE MEDICAL DISPEN-SERY, AS AUTHORIZED BY OFFICER GRAY (# 4056), WHEN TARRIVED, AFTER A BRIEF EXAMINATION THE ON-DUTY NURSE, NURSE HINES INDICATED THAT I COULD PUT SOME WEIGHT ON IT, IT WAS ONLY APULLED MUSCLE, AND I SHOULD RETURN TO HY CELL, THE ONLY ADDITIONAL ASSISTANCE PROVIDED, WAS A WALKING CANE FOR MOBILITY LIMITED TO A 24-HOURS PERIOD EXHIBIT) A SHORT TIME LATER DURING THE SAME DAY, A GREAT NEAL OF SUBLLING ACCOMPANIED INITH EXCRUTIATING PAIN HAD ON-SET, FORCING HE TO EALL FOR A WHITE - SHIRTED OFFICER. AFTER WHITE SHIRT FINALLY ARRIVED, AND NOTICED THE OPVIOUS SWELLING HE ALLOWED HE TO HOP ON ONE LEG FROM MY DIVISION 6 CELL TO CERMAK MEDICAL CENTER. AGAIN, FOLLOWING A VERY BRIEF EXAMINATION I WAS GIVEN A PRES-CRIPTION FOR 600 MG IBUPROFEN, A PAIR OF CRUTCHES, AND A LEG X-RAY WAS ORDERED FOR DECEMBER 5, 2010, HOWEVER, DUE TO SE-CURITY RESTRICTIONS, CRUTCHES ARE NOT PERMISSABLE ON THE DIVISION 6 TIERS, SO IWAS UNABLE TO USE THEM. I WAS X-RAY AS ORDERED ON DECEMBER 5, AND RETURNED TO DIVISION 6. ON JANUARY 20, 2011 APRO
XIMATELY 45 BAYS AFTER THE X-RAY, I WAS YOUR THE X-RAY REVEALED A

SEVERE FRACTURE THAT WOULD REQUIRE SURGERY FINALY, ON JANUARY 27, 2011

I WAS MOVED TO A DIVISION 2 HE DI CALTIER WHERE I WAS ABLE TO USE THE

NECESSARY CRYTCHES 24 HOURS EACH DAY, I WAS NOT HOWEVER HOYED DUE TO

MY LEG INJURY, BUT RATHER DUE TO A TOE INJURY! SUFFERED BURING MY TIME

IN DIVISION B WHILE I WAS FORCED TO HOBBLE THROUGH THE TIER.

HAVE NOW HAS THE REQUIRES SURGERY, BUT MY RECOVERY IS FAR

FRON COMPLETE, I HAVE BEEN TOUS BY THE SOCIORS AND SPECIALIST THAT A

SECOND PROCEDURE MY BE NECESSARY, AS WELL AS EXTENSIVE PHYSICAL

THERAPY, I WAS ALSO YOUS BY THE SOCTORS AT STROGER HOS PITAL, THAT HAS

THE INJURY BEEN PROPERLY SINGALOSES INITIALLY, AND PROPER STEPS TAKEN

MY RECOVERY WOULD HAVE BEEN FAR SINGLER, AND PERMANENT LAMAGE

WOULD BE UNLIKELY, AS OF DECEMBER ZOII, I HAVE YET TO RECEIVE ASDIT—

IONAL TREATMENT OR ANY KIND OF MYSICAL THERAPY AS OLDERSES.

THE ACTIONS TAKEN, OR LACK THERE OF, BY THE ENTIRE STAFF AT THE CODOC AS WELL AS DIVISION 6, AND THE CERMARK MEDICAL STAFF WAS NOT THING SHORT OF COMPLETELY NEGLIGENT, I NOW SUFFER FROM PERMANENT AND IRREPAIRABLE PHYSICAL MAMANGE TO MY LEG. SO METHING THAT COULD HAVE VERY EASILY BEEN AVOIDED, HAD THE PROPER AND NECESSARY STEPS

BEEN TAKEN.	IHIS WA	S A COMPLETE	HISRE	GARD OF	MY 8"AM	ENDNENT
RIGHTS, AND	THESE	VIOLATIONS	MAYE	CAUSES	EXCESSIVE	UNNECE-
SSARY HARM						

STATEMENT OF FACTS WERE RELIEF MAY BE GRANTED

1. THE DEFENDANT, SUPT. CORRIE OF COOK COUNTY JAIL, ACTING UNDER COLOR OF STATE LAW WHERE DELIBERATE INDIFFERENT WHEN HE NEGLIGETYCE HIS TRAINING ON MEDICAL CARE AND TREATMENT, AND DELAYING MEDICAL ATTENTION TO A DETAINCE FOR TWO MORYTHS.

VIOLATING THE PLAINTIFF 8 AMENDMENT BUGHTS.

2. THE DEFENDANT, LT. A. GERMANY #177. LT OF THE COOK COUNTY

JAIL, ACTING UNDER COLOR OF STATE LAW WERE DELIBERATE INDIFFE
RENT WHEN HE NEGLIGENCE HIS DUTIES TO CETAIN MEDICAL CARE

AND TREATMENT TO A DETAINCE PLANFINTIFF WHO NEEDED SERIOUS

MEDICAL CARE AND TREATMENT, VIOLATING THE PLAINTIFF 8TH

AMENOMENT IN THE ILLINOIS CONSTITUTIONAL OF 1970.

3. THE DEFENDANT, OFFICER GRAY # 4056. OF COOK COUNTY JAIL WERE ACTING UNDER OF STATE LAW WERE BELIBERATE INDIFFERENT WHEN HE NEGLIGENCE HIS TRIANING OF DETAINCESS WHO HAVE A SERIOUS MEDICAL NEED. AND VIOLATING THE PLAINTIFF 8 THE AMENDMENT RIGHTS AND THE JULINOIS CONSTITUTION OF 1970.

4. THE DEFENDANT, PARAMEDIC HINES WAS WORKINS AS A NURSE
AT COOK COUNTY JAIL, ACTING UNDER COLOR OF STATE LAW
WERE BELIBERATE INDIFFERENT WHEN HE NEGLISENCE HIS DUTIES BY DENYING THE PLAINTIFF MEDICAL CARE AND TREAT—
MENT VIOLATING THE PLAINTIFF 8 TH AMENDMENT AND
LLUNOIS CONSTITUTION OF 1970.

5. THE DEFENDANT, OFFICER ANDERSON OF COOK COUNTY JAIL
WERE ACTING UNDER OF STATE LAW WERE DELIBERATE INW
FFERENT WHEN HE NEGLIGENCE HIS TRIANING OF DETAINEESS
WHO HAVE A SERIOUS MENCAL NEED, AND VIOLATING THE
PLAINTIFF 8TH AMENAMENT RIGHTS AND THE ILLINOIS
CONSTITUTION OF 1970.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

A GUILTY VERBICT TOWARD THE DEFENDENTS FOR SUBSTANTIAL PHYSICAL DAMAGE MENTHAL PAW AND SUFFERING AND EMUTIONAL DISTRESS BELIBERATE INDIFFERENCE AND REQUESTS SUBSTANTIAL MONETARY BAYAGES IN THE AMOUNT OF IN FFECTSS OF \$300,000 ...
COMPENSATORY BAMAGES AND IN EFFCTS OF \$500,000 ...
PUNTIVE DAMAGES.

VI. The plaintiff demands that the case be tried by a jury. YES IN

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 22 day of becenter, 2011

Signed this 22 day of becenter, 2011

(Signature of plaintiff or plaintiffs)

BOGUSLAW MATLAK
(Print name)

2010 0924110

(I.D. Number)

2600 S. California

Chicago 121, nois 60608

(Address)